

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-13-05

2 Serial/Patent # 10/518989

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing			<u>7/21/04</u>	\$100							
<input type="checkbox"/> Amendment				\$							
<input type="checkbox"/> Extension of Time				\$							
<input type="checkbox"/> Notice of Appeal/Appeal				\$							
<input type="checkbox"/> Petition				\$							
<input type="checkbox"/> Issue				\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$							
<input type="checkbox"/> Maintenance				\$							
<input type="checkbox"/> Assignment				\$							
<input type="checkbox"/> Other				\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>								
		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/> Overpayment		Treasury Check									
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table;"><tr><td>1</td><td>9</td><td>--</td><td>0</td><td>1</td><td>3</td><td>4</td></tr></table>			1	9	--	0	1	3	4
1	9	--	0	1	3	4					

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: J. Johnson

SIGNATURE: J. Johnson

OFFICE: PCT

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

TITLE: paralegal  
PHONE: 308-9940

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B